

Village of Port Edwards 201 Market Ave. PO Box 10 Port Edwards, WI 54469 715-887-3511		VILLAGE OF PORT EDWARDS PERMIT FOR FENCE				Application No.	
						Parcel No.	
Owner's Name:			Mailing Address:			Tel.	
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			License/Cert#	Mailing Address	Tel.		
					FAX		
Contractor's Name: <input type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			License/Cert#	Mailing Address	Tel.		
					FAX		
PROJECT LOCATION:							
Building Address:				Lot No.		Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ft.	Rear _____ft.	Left _____ft.	Right _____ft.	
PROJECT DESCRIPTION							
\$25.00 Fence Permit Cost				PROJECT COST:			
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.							
APPLICANT'S SIGNATURE				DATE :			
APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.							
APPLICANT IS RESPONSIBLE FOR KNOWING WHERE THEIR PROPERTY LINES ARE.							
GOOD SIDE SHALL FACE AWAY							
ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:		Municipality Number of Dwelling Location			
PORT EDWARDS							
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input checked="" type="checkbox"/> Construction		_____		NAME	
Inspection	\$ _____	<input type="checkbox"/> Electrical				DATE _____ TELEPHONE NO:	
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Erosion				Cert. No.	
Other _____	\$ _____	_____					
Total	\$ 25.00						

